



PTO/SB/17 (10-07)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2008☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1,068.00**Complete if Known**

Application Number 09/736,475

Filing Date 12/13/2000

First Named Inventor Daniel MCKENNA

Examiner Name Duc Chi HO

Art Unit 2665

Attorney Docket No. 040819CIP2

RECEIVED

AUG 6 2008

OFFICE OF PATENT

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 17-0026 Deposit Account Name: QUALCOMM Incorporated

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)
50Small Entity Fee (\$)
25

Each independent claim over 3 (including Reissues)

210

105

Multiple dependent claims

370

185

Total Claims**Extra Claims**

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP =

x

=

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims**

Fee (\$)

Fee Paid (\$)

- 3 or HP =

x

=

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Deficiency amount owed, paid Small Entity fees instead of Large Entity

1068.00

SUBMITTED BY

Signature	Charles D. Brown	Registration No. (Attorney/Agent)	28,285	Telephone	858-651-6731
Name (Print/Type)	Charles D. Brown	Date	July 9, 2008		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Adjustment date: 10/28/2008
08/07/2008 DALLEN 00000012 170026
01 FC:1461 1068.00 CR
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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																
1 Date of Request: 10/23/08				2 Serial/Patent # 09/736,475												
3 Please refund the following fee(s):				4 PAPER NUMBER	5 DATE FILED	6 AMOUNT										
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	Petition					\$										
	Issue					\$										
	Cert of Correction/Terminal Disc.					\$										
	Maintenance					\$										
	Assignment					\$										
<input checked="" type="checkbox"/>	Other 1.28c FEE DEFICIENCY			WFEE	07/31/08	\$ 1,068.00										
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10 REASON:				Treasury Check												
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<input checked="" type="checkbox"/>	Duplicate Payment			9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">7</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">6</td> </tr> </table>						1	7	--	0	0	2	6
1	7	--	0	0	2	6										
	No Fee Due (Explanation):															
11 REFUND REQUESTED BY:																
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